

Major Implementation Team Activities and Accomplishments: January to July 2004

Approach to the Work. The Team began its work by dividing the 201 recommendations in the Task Force Report into five categories for the purpose of costing them out:

1. Recommendations for which “responsible” agencies noted in the Report seem appropriate;
2. Recommendations for which assignment of a lead agency was needed (either because there was no “responsible” agency suggested in the Task Force Report, or because the “responsible” agency suggested did not appear to be the most appropriate);
3. Recommendations for which the Report suggested multiple agencies needed to be responsible (*Recommendations 9; 54; 55; 56; 79; 95; 112; 122; 185; 189*);
4. Recommendations that appeared to be outside the authority or responsibility of agencies represented on the Team; and
5. Four recommendations that had been fully implemented by January 2004 (*Recommendations 63; 66; 76; 126*).

The “responsible entities” the Task Force had suggested for recommendations in Category 1 became “lead agencies” for costing out those recommendations.¹ Team members assigned lead agencies to each Category 2 recommendation, indicated any recommendations in Category 3 that were inapplicable to their particular agency,² and identified state agencies outside the Team that needed to assist with Category 4 recommendations. (See Section II above).³ Once lead agencies were assigned, they identified other state agencies that needed to assist and stakeholders who should be involved in any implementation efforts.

Due to the volume of recommendations and the time frame within which the Team had to report to the Committee, the recommendations were divided into two phases for cost out:

- Phase 1 (2004): Recommendations assigned “Immediate” and “Short Term” by the Task Force, unless additional planning time or additional information was needed.
- Phase 2 (2005): Recommendations assigned “Medium Term” and “Long Term” by the Task Force; and recommendations assigned “Immediate” and “Short Term” by the Task Force, if additional planning time or additional information was needed.

A Phase 1 Cost Out Report form and instructions were developed. The Team focused its remaining time on costing out the Phase 1 recommendations, completing this process in May. Please refer to the **Attachment** for a matrix summarizing the Phase 1 recommendations, lead agencies, assisting agencies, stakeholders, new funding required for FY 2006 and 2007,⁴ and

¹The lead agency role in the cost out process was one of facilitator or convener. Lead agencies decided which other agencies needed to be involved in the cost outs, contacted them, arranged any meetings or discussions needed to complete the cost outs, and were responsible for completing the cost outs by May 31. Being a lead agency does not necessarily mean that the agency is solely responsible for *implementing* the particular recommendation. The role of lead agency will be the same in Phase 2 as it was in Phase 1.

² Agencies individually costed out those recommendations that were applicable.

⁵ Category 5 recommendations required no cost out.

⁴ Please note that many agencies also estimated existing staff costs associated with implementing the Phase 1 recommendations. These amounts, where applicable, appear on the individual cost out reports at Appendix III to

action/s required (administrative, legislative, regulatory, and/or budget), organized by the 11 topics within the Task Force Report.

The agencies represented on the Team completed cost outs for 112 Phase 1 recommendations, or a little over one-half of the recommendations in the Task Force Report.⁵ Most Phase 1 cost outs involved many lead agency staff members, in addition to the Team member representatives, and extensive time and effort on the part of all agencies. The Team wishes to recognize and thank the many staff members who contributed to this work.

The following is a summary of the major highlights of the cost out reports.

1. Consumer Choice of and Access to Needed Services and Supports

The agencies costed out 33 recommendations in this, by far the lengthiest, section of the Task Force Report. DMAS took responsibility for the majority of these cost outs because so many relate to Waiver and other Medicaid issues.

Two recommendations have been fully implemented:

- *Allow pooling of care provider hours in supportive housing developments ([Recommendation 70](#)); and*
- *Integrate peer support services into the continuum of community services for adults with serious mental illness, and billable peer services into the Medicaid Rehabilitation Option ([Recommendation 179](#)). DMAS has clarified that peers can be hired if they meet the requirements to be hired and are hired by a licensed provider.*

Two recommendations may not be within the authority of the Commonwealth to implement:

- *Amend and provide funding for all services, in all Waivers, to include concepts and options in the Independence Plus template; amend Waivers and licensing requirements to allow consumer direction of all services and encourage its consideration in all future Waivers ([Recommendations 1; 176](#)). DMAS has formed a stakeholder workgroup to further study consumer direction of services and will cost out this recommendation in Phase 2 following the group's work and further clarification of the limits of the Commonwealth's authority to implement the recommendation; and*
- *Amend the State Medicaid Plan to include transition training as part of personal care services ([Recommendation 147a](#)). DMAS has requested assistance from the Committee regarding the definition of "transition training."*

The cost of two other recommendations was not able to be determined at this time, and the Team has moved these to Phase 2:

- *Increase the availability of funded Medicaid Waiver slots, including cash and counseling and other options ([Recommendation 2](#)). DMAS indicates that cash and counseling must be legislatively endorsed prior to any cost out; and*

this report. The Team wishes to note that these costs will vary, according to the number of recommendations that are implemented simultaneously.

⁵ Recommendations 31, 110, 116, and 147 were further divided and now appear with "a." and "b." sub-parts.

- *Prepare a State Medicaid Plan Amendment and legislation to permit the use of an aggregate cost methodology in the Consumer-Directed Personal Assistance Services (CDPAS) and Tech Waivers; eliminate service hour thresholds for personal assistance services (PAS) and nursing ([Recommendation 68](#)).*

Other recommendations could be implemented at no, or minimal one-time additional, cost:

- *Amend Waiver policy to ensure that recipients are assessed individually for service hours they need and, when they live with other recipients, that services are not reduced by pooling hours ([Recommendation 4](#)) (no cost);*
- *Require meetings with individuals, surrogate decision-makers, staff from discharging and receiving providers, and anyone else the person selects, to precede transitions; enforce the requirement ([Recommendation 13](#)) (\$13,500 General Fund (GF) start up in FY 2005);⁶ and*
- *Establish a work group to identify barriers to provider expansion into un-served and under-served areas; propose solutions ([Recommendation 53](#)) (no cost).*

One recommendation, *amend the Nurse Practices Act and regulations to permit consumer-directed personal assistants, respite workers and companion aides to provide certain nursing activities ([Recommendation 3](#))*, requires further study at a projected one-time cost of \$30,000 GF. The study group would determine the cost of implementation.

Not surprisingly, the majority of recommendations within this section of the Task Force Report would require additional funding, and many of them would also require legislation and/or Medicaid State Plan amendments. Those recommendations that would require substantial new funding, but no legislation or regulatory action, include:

- *Fund and develop community services to eliminate the State mental health facility discharge waiting lists ([Recommendation 6](#)) (\$7.318 million GF);*
- *Request expanded funding for crisis stabilization programs, and fund that expansion ([Recommendations 69; 137](#)) (\$19.674 million GF);*
- *Develop a direct, hands-on service delivery approach for behavioral specialists working with persons with dual diagnoses; in addition to behavioral consultation, include a service for behavioral specialists to train staff and family members in behavior self-management at home and in the work setting ([Recommendation 133](#)), and encourage person-centered planning principles on discharge and intake teams ([Recommendation 88](#)) (\$923,000 GF);⁷*
- *Expand availability, use and oversight of adult foster care; explore other living and care options that have reduced the use of institutional care ([Recommendation 143](#)) (\$2.45 million GF); and*

⁶ Unless otherwise indicated, all dollar amounts in this section of the Report refer to new funding that would be needed in FY 2006 and FY 2007.

⁷ Recommendation 88, originally appearing in Section 6, Employment, of the Task Force Report, was costed out by DMHMRAS in conjunction with Recommendation 133.

- *Fund expansion of the DSS companion program, emphasizing home help for persons with sensory disabilities and others not currently qualified for Waivers ([Recommendation 144](#)) (\$15.551 million GF).*

The remaining recommendations would require legislative and/or regulatory action in addition to new funding. They are:

- *Amend the Individuals and Families Developmental Disabilities Support (IFDDS) Waiver Regulations to allow recipients to choose with whom and with how many people they live ([Recommendation 5](#)) (\$351,920 GF / \$351,920 Non-General Fund (NGF) (10% increase); \$703,840 GF / \$703,840 NGF (20% increase); \$1.56 million GF/ \$1.56 million NGF (30% increase));*
- *Amend statutes to require judges and magistrates to integrate professional recommendations into decisions about hospitalizing people with mental illness; ensure effective implementation of this legislation ([Recommendations 7; 180](#)) (\$355,453 GF);*
- *Expand the Regional Community Support Center (RCSC) concept at Northern Virginia Training Center (NVTCT) to the other four training centers ([Recommendation 10](#)) (\$3.6 million GF);*
- *Facilitate the development and implementation of ways to promote recovery-oriented services for adults with serious mental illness, including effective consumer-operated and peer services ([Recommendation 73](#)) (\$397,453 GF);*
- *Increase the nursing facility Medicaid payment rate to no less than 100% of allowable cost ([Recommendation 132](#)) (\$48.753 million GF / \$48.753 million NGF);*
- *Amend Waivers to reimburse for room, board and night rates; expand to eight hours awake overnight reimbursement ([Recommendation 134](#)) (\$122.376 million GF / \$122.376 million NGF);*
- *Expand Medicaid State Plan Option (SPO) services to include PAS with an option for consumer direction ([Recommendation 135](#)) (\$148.106 million GF / \$148.106 million NGF);*
- *Amend the Medicaid State Plan to expand the service array reimbursable via SPO to include bundled PACT, expanded residential supports, personal assistance, and consumer-directed services ([Recommendation 138](#)) (\$148.106 million GF / \$148.106 million NGF);*
- *Develop and implement a Brain Injury (BI) Waiver ([Recommendation 142](#)) (\$5.138 million GF / \$5.138 million NGF);*
- *Develop and implement a Dementia Waiver ([Recommendation 146](#)) (\$3.711 million GF / \$3.711 million NGF);*
- *Establish a revolving fund for people in institutions to use for utility and rent deposits and other upfront household expenses to enable them to move from institutions ([Recommendation 147b](#)) (\$1.0 million GF/ \$1.0 million NGF);*
- *Increase the Personal Maintenance Allowance (PMA) to 300% of the monthly Supplemental Security Income (SSI) payment limit in Waivers ([Recommendation 148](#)) (\$9.178 million GF / \$9.178 million NGF);*

- *Begin eliminating wait lists for Waivers and other supportive services; avoid future wait lists by anticipating regular increases in need for services. Fund 25% of the 2003 wait list in 2005; 45% of the 2004 wait list in 2006; 65% of the 2005 wait list in 2007; 80% of the 2006 wait list in 2008; 100% of the wait list, except those waiting 90 days or less, in 2009 ([Recommendation 149](#)) (\$57.252 million GF / \$57.252 million NGF); and*
- *Increase Medicaid financial eligibility to 100% of Federal Poverty Level (FPL) ([Recommendation 150](#)) (\$132.222 million GF / \$132.222 million NGF).⁸*

2. Consumer and Family Member Involvement

The following two Phase 1 recommendations within this section apply to, and therefore were costed out by, several agencies:

- *Appoint more people with disabilities to boards and planning groups within the HHR and other Secretariats; include more people with disabilities in all planning processes ([Recommendation 54](#)); and*
- *Encourage meeting conveners to send timely and well publicized advance notices and put them on websites; provide accommodations and assist in transporting if needed; consider the needs of people with disabilities when choosing meeting times and places; and develop a pamphlet for meeting planners ([Recommendation 79](#)).*

These recommendations also have applicability *beyond* the agencies represented on the Team; for example, some appointments are not within the authority of individual Team member agencies. The Team also recognizes the importance of appointments to boards and commissions that are not necessarily charged with addressing issues relating specifically to people with disabilities, and appointments within the Legislative as well as Executive branches of government. Therefore, the Team has eliminated from this Report the individual cost outs submitted by member agencies, deciding instead to develop a statewide strategy for addressing both of these recommendations. The Team will consider this matter at its July 27 meeting and, once a strategy is developed, it will be costed out statewide. The Team understands that the Committee also supports a statewide approach to implementing these recommendations.⁹

3. Consumer Rights, Health and Safety

Agencies costed out 11 Phase 1 recommendations appearing in this section of the Task Force Report. The cost of one recommendation, *develop a curriculum and training program for court-approved certification for people to serve as surrogate decision-makers, and enact legislation to authorize the certification process ([Recommendation 158](#))*, was not able to be determined and will be completed in Phase 2. A study group involving the Supreme Court of Virginia would determine the implementation costs.

Cost out was not possible for another recommendation, *enforce regulations for agency backup and substitute services ([Recommendation 80](#))*. The Team fully recognizes the importance of

⁸ The Task Force Report also recommends increasing this to 125% in the future; however this is not within the authority of the Commonwealth to do.

⁹ At its June 18 meeting, the Oversight Advisory Committee advised that the Director of Community Integration should be responsible for collaboratively coordinating with all agencies a single, cross-disability strategy for implementation of these recommendations and that, if agencies cannot agree, the Director should choose the implementation model.

agency backup and substitute services to individuals with disabilities, and respectfully submits that enforcement of current backup and substitute services regulations would not address the underlying issue identified in the Task Force Report. There are two major reasons for this:

- The regulatory language is permissive, not mandatory, stating that if the personal assistant is absent, a provider *may* provide another assistant, obtain a substitute assistant from another provider or transfer the individual's services to another provider. If no other provider is available who can supply a substitute aide, the provider is required to notify the individual, family member and (in the case of the MR and IFDDS Waivers) the case manager, so that another provider of the individual's choice can be found.
- The issue in many cases is a shortage of aides. DMAS, through grant funding, is trying to help with recruitment and retention of aides. In addition, allowing consumer direction of personal care can help to expand the pool of assistants by allowing individuals to hire friends and family members who might not have been part of the personal care workforce. As a health and safety measure, people who are on Waivers must have an emergency backup plan, so that a friend or family member can step in on an emergency basis if the aide cancels for the day.

Three recommendations could be implemented within existing resources:

- *Mandate screening personnel to attend ongoing training and a quality assurance process to ensure consistent implementation of training ([Recommendation 81](#));*
- *Produce and distribute a document about choices for all Waiver services ([Recommendation 82](#)); and*
- *Revise Code § 37.1-84.1 to narrow the class of people prohibited from serving as surrogate decision-makers to those for whom serving would or might create conflict of interest ([Recommendation 159](#)).*

Four recommendations would require new funding only:

- *Expand disability training of public safety and public health personnel and fully fund the training ([Recommendation 17](#)) (\$100,000 GF);*
- *Fund an educational campaign for persons with psychiatric and other disabilities and providers concerning advance directives and other options for surrogate decision-making ([Recommendation 19](#)) (\$250,000 one-time GF; \$172,550 ongoing GF);*
- *Fully fund all DSS protective services ([Recommendation 155](#)) (for CPS, \$110,000 one-time GF in FY 2005 and \$114,000 ongoing GF; for APS, \$11.032 million GF); and*
- *Expand the Public Guardianship program to localities not currently served ([Recommendation 160](#)) (\$4.83 million GF).*

Two recommendations would require regulatory changes, in addition to new funding:

- *Enact legislation requiring providers to report critical incidents and deaths to the Virginia Office for Protection and Advocacy (VOPA) and the Inspector General (IG) within 48 hours and analyze the data for trends ([Recommendation 15](#)) (\$1.46 million GF cost to VOPA); and*

- *Develop and deliver Waiver rights and choices technical assistance and training for people with disabilities and providers ([Recommendation 83](#)) (\$86,000 GF / \$86,000 NGF).*

4. Educating Consumers, Family Members, and Providers

The first of two Phase 1 recommendations, *establish a web-based course on disability issues ([Recommendation 21](#))*, was costed out by VBPD, who would partner with many agencies and stakeholders, including SCHEV, DMHMRSAS, DRS, DMAS, DSS, DOE, VCU, George Mason University, advocates, consumers, and families, at a cost of \$24,000 GF.

The second recommendation, *require licensing agencies to post on their websites comprehensive information about providers and services, results of inspections, and complaint histories ([Recommendation 56](#))*, applies to three agencies on the Team ([DMHMRSAS](#), [DSS](#), and [VDH](#)). Each agency costed out this recommendation as it relates to its own specific regulations, numbers of providers regulated, information systems and operations. Costs to implement this recommendation would range from \$26,000 one-time GF for DMHMRSAS, to \$107,780 ongoing GF for DSS, to \$250,000 ongoing GF for VDH.¹⁰ DRS also submitted a cost out report for this recommendation, reflecting that legislation is needed in order to require this activity.

5. Educating the Public

There were no Phase 1 recommendations within this section of the Task Force Report.

¹⁰ At its June 18 meeting, the Oversight Advisory Committee advised that the Director of Community Integration should be responsible for collaboratively coordinating with all agencies a single, cross-disability strategy for implementation of this recommendation and that, if agencies cannot agree, the Director should choose the implementation model. Because this recommendation applies to three agencies only, and because the costs and implementation strategies for each agency are dependent upon factors unique to those agencies, the Director's role in any implementation would be to assure the similarity of the information available to the public.

6. Employment

In Phase 1, the agencies costed out 26 of the Employment recommendations in the Task Force Report. One of these recommendations, *encourage person-centered planning principles on discharge and intake teams* ([Recommendation 88](#)), is discussed within Section 1 above.

Another recommendation, *develop and implement cross-agency staff training on SSI and Social Security Disability Insurance (SSDI) work incentives* ([Recommendation 95](#)), was costed out by 11 agencies. At its May 25 meeting, the Team expressed concerns about duplication, possible ambiguity in interpretations of the recommendation, and lack of a uniform statewide implementation strategy. At its June 18 meeting, the Oversight Advisory Committee advised that the Director of Community Integration should be responsible for collaboratively coordinating with all agencies a single, cross-disability strategy for implementation of this recommendation and that, if agencies cannot agree, the Director should choose the implementation model. On June 22, the Team adopted the statewide cost out report completed by [VBPD](#) (\$72,000 GF), supplemented by training of local [DSS](#) employees (\$105,000 GF), and eliminated from this Report the cost out reports prepared by the other agencies as being duplicative. The Team will continue to discuss this recommendation at its July 27 meeting.

One recommendation, *appoint people with disabilities, a private non-profit business serving them, and a private for-profit business employing them to the Workforce Investment Advisory (WIA) Council* ([Recommendation 59](#)), is said not to be within the authority of the Commonwealth to implement.

Another recommendation, *add self-advocacy training to the curriculum and to Individualized Educational Programs (IEPs) at age 14* ([Recommendation 24](#)), is not within the authority of the Commonwealth to mandate, however DOE costed out an alternative that focuses on model curriculum development, training and technical assistance (TA) (\$8,000 GF start-up; ongoing costs not determined at this time).

One recommendation, *establish cooperative agreements with schools and agencies to facilitate Job Coaching* ([Recommendation 98](#)), can be implemented within existing resources initially by the formation of a study group.¹¹

Several other recommendations would require minimal new funding:

- *Convene a consumer task force to study best practices for employment services for people with disabilities, including funding following the person; develop a proposal to create a program* ([Recommendation 57](#)) (\$26,265 one-time GF in 2005);
- *Include people with disabilities, providers, businesses, and affected agencies in all deliberations and planning meetings concerning consolidating workforce training programs* ([Recommendation 60](#)) (\$5,000 one-time GF in FY 2005);
- *Develop joint training initiatives that clearly identify and articulate employment-related services and supports that can be paid for by each agency's funding stream to Medicaid-eligible and other people* ([Recommendation 90](#)) (\$1,500 GF / \$1,000 NGF);

¹¹ At its July 1 meeting, the Committee advised that the cost out of implementation be moved to Phase 2 following the study group's recommendations.

- *Identify financial disincentives to employment and increased earnings in the Auxiliary Grant (AG) Program for assisted living facility (ALF) residents; submit a report to HHR recommending dissolution of financial disincentives ([Recommendation 93](#)) (\$140,000 GF);*
- *Provide ongoing WorkWORLD™ customization and maintenance; develop a grant proposal for employment services organizations, transition counselors and specialists, and VEC One Stop staff in using WorkWORLD™ software ([Recommendation 94](#)) (\$1,680 one-time GF in FY 2005 to research and write a grant proposal, with future costs to be determined in the proposal writing process);*
- *Encourage all employment and employment-related services providers to incorporate natural supports into Individual Employment Services Plans (IESPs) ([Recommendation 97](#)) (\$50,000 GF); and*
- *Develop minimal competencies to ensure that providers have the expertise to provide Benefits Planning Assistance and Outreach (BPAO) services and/or know where and how to refer clients to qualified BPAO projects ([Recommendation 182](#)) (\$25,000 one-time GF in FY 2005).*

The following recommendations would require substantial new funding only:

- *Expand specialized vocational and other services for Temporary Assistance for Needy Families (TANF) recipients with disabilities ([Recommendation 27](#)) (\$582,000 GF start-up; \$28.822 million GF ongoing);*
- *Expand vocational services and wrap-around supports for people in recovery from substance dependence; explore purchase of service options for specialized employment services ([Recommendation 30](#)) (\$934,597 GF);*
- *Expand job placement and development and long-term follow-along supports for people with HIV/AIDS and other disabilities ([Recommendation 31a](#)) (\$1.082 million GF);*
- *Identify youth with serious emotional disturbance (SED) who do not have IEPs and implement transition planning for them ([Recommendation 35](#)) (\$7.664 million GF); and*
- *Include employment specialist consultants in assessment and benefits planning and consultation, and services and supports planning and implementation at discharge and intake to community program; include employment as an issue in discharge planning protocols for people wishing to work in the community ([Recommendations 86; 87](#)) (\$4.338 million GF);¹² and*
- *Develop a funding mechanism to continue BPAO activities beyond 2006 ([Recommendation 164](#)) (\$1.2 million GF / \$1.2 million NGF).*

Seven recommendations would require substantial additional funding, in addition to legislative and/or regulatory changes. DMAS costed out four of these recommendations in two sets:

- *Increase the Medicaid reimbursement rate for individualized supported employment to parallel the DRS rate, based on costs to provide supported employment services in different geographic regions in Virginia; increase incentives and funding to encourage development of employment services ([Recommendation 26](#)); and Provide a higher*

¹² DMHMRSAS combined these two recommendations to cost them out.

Medicaid reimbursement rate for prevocational and supported employment services than for non-employment related day support service ([Recommendation 170](#))¹³ (\$26.051 million / GF \$26.051 million NGF for 785 people (10%) to move from day support to supported employment; \$39.166 million GF / \$39.166 million NGF for 1,190 (20%) to move; \$52.282 million GF / \$52.282 million NGF for 1,595 (30%) to move; and \$65.397 million GF / \$65.397 million NGF for 2,000 (40%) to move); and

- *Implement a workable Medicaid Buy-In Program ([Recommendation 28](#)); and Develop joint training for staff from all agencies providing Medicaid employment-related services and supports; and expand the scope of Medicaid Infrastructure Grant (MIG) use of existing SPO and Waiver services to support employment of Medicaid-eligible individuals ([Recommendation 91](#)) (\$866,219 GF/ \$866,219 NGF).*

The remaining three recommendations are:

- *Add 14 DRS vocational rehabilitation (VR) alcohol and substance abuse (SA) specialty counselors to serve persons with the most significant disabilities; adequately train VR evaluators and counselors and ensure choice in outcomes ([Recommendation 29](#)) (\$4.833 million GF);*
- *Add individual supported employment services to the AIDs Waiver ([Recommendation 31b](#)) (\$188,270 GF / \$188,270 NGF); and*
- *Identify and solve financial and organizational barriers to evidence-based practice (EBP) of supported employment (SE) for adults with serious mental illness (SMI) by adding a sufficient number of mental health (MH) employment specialists and three DRS MH specialty counselors (and three more in the short term), and by developing joint training in funding availability ([Recommendation 33](#)) (\$23.741 million GF).¹⁴*

7. Housing

One of the 15 Phase 1 recommendations costed out within this Section of the Task Force Report, *develop training and educational and informational materials for local governments, civic associations and similar organizations about the Fair Housing Act, and Virginia Code and Americans With Disabilities Act (ADA) requirements ([Recommendation 108](#))*, has been fully implemented.

The cost of two recommendations could not be determined until appropriate legislation is developed:¹⁵

- *Develop a legislative proposal establishing a Housing Assistance Fund to provide additional funding for housing subsidies and income supplements ([Recommendation 44](#)); and*

¹³ Recommendation 170 appears in the Workforce and Qualifications of Providers section of the Task Force Report; DMAS costed it out in conjunction with Recommendation 26.

¹⁴ Implementation of this recommendation could also require regulatory changes.

¹⁵ VHDA is currently working with the Housing Work Group of the Disability Commission to further study these issues.

- *Develop a legislative proposal requiring landlords to treat as income the value of Housing Choice Vouchers and other public benefits for people with disabilities ([Recommendation 48](#)).*

The majority of the recommendations could be implemented at no additional cost:

- *Connect people seeking access to housing with available housing and home modification resources; assure that provider lists are current and have the information necessary to ascertain choices ([Recommendation 36](#));*
- *Develop a legislative proposal requiring owners and managers of fully accessible housing to post advance notice of unit availability before making units available on open market ([Recommendation 49](#));*
- *Obtain and analyze U.S. Housing and Urban Development (HUD) data on location and occupancy of assisted units meeting Section 504 accessibility standards; report findings and recommend corrective actions to the Disability Commission, to include mandating accessible unit allocations to people needing accommodations and reviewing marketing of accessible Section 8 units to determine the need for additional regulations for greater Section 504 effectiveness; work with HUD and the Congressional delegation to support needed changes ([Recommendation 50](#));*
- *Dialogue with local governments and public housing agencies on how to prioritize housing needs of people with disabilities in allocating locally-administered housing subsidies and resources ([Recommendation 101](#));*
- *Convene a group to examine how to, within building and fire codes, assure that building codes and housing categories do not impede family-like, community living by inordinate restrictions and categories ([Recommendation 102](#));*
- *Train Community Housing Development Organizations (CHDOs), other housing organizations and providers, Community Services Boards (CSBs), Centers for Independent Living (CILs), Disability Services Boards (DSBs) and Area Agencies on Aging (AAAs) on best practices in building and sustaining local affordable and accessible housing partnerships; determine regionally the local capacity to deliver affordable and accessible housing ([Recommendation 103](#));*
- *Ensure that local building code officials are adequately trained to, and do, ensure full compliance with Uniform State Building Code (USBC) accessibility requirements ([Recommendation 104](#));*
- *Meet with CSBs, CILs, DSBs, and AAAs to understand differences in local and regional housing needs and strategies and determine local and regional prioritization of gaps that State resources should address ([Recommendation 107](#)); and*
- *Review forthcoming HUD occupancy of HUD-subsidized rental housing data to determine the extent to which public housing authorities serve people with disabilities, considering displacement resulting from conversion of properties to elderly-only occupancy; recommend remedies for problems identified ([Recommendation 173](#)).*

One recommendation, *develop a plan to train architects, engineers, building officials, public officials who review site plans, elected officials, providers, funders, licensers and community*

organizations in Universal Design ([Recommendation 46](#)), would add funding of \$20,000 GF to supplement existing project activities.

The remaining two recommendations would require legislation and substantial one-time funding:

- *Create a revolving fund similar to the Assistive Technology Loan Fund Authority (ATLFA) fund for physical accommodations required by voucher holders with disabilities; continue pursuing private foundation support ([Recommendation 174](#)) (\$3 million GF in FY 2005); and*
- *Educate local governments, the General Assembly (GA), and the public about the negative impacts of many local land use regulations and practices on creating affordable and accessible housing ([Recommendation 183](#)) (\$5 million GF in FY 2005).*

8. Research and New Knowledge

The only Phase 1 recommendation within this Section of the Task Force Report, *fully fund six (6) Alzheimer's and Related Diseases Research Award Fund seed grants ([Recommendation 165](#))*, would cost \$72,000 GF, beginning in FY 2007.

9. Transportation

Six of the 11 Transportation recommendations costed out in Phase 1 have been implemented:

- *Advocate change in Federal regulations to, within State allocations, fairly assess per capita allotment in distributing transportation funds, so that the same amount is allotted for rural as for urban populations; inform the Disability Commission of the importance of the issue ([Recommendation 61](#)). This recommendation may not address the issue identified in the Report, as the formula for distribution of funds is governed by state, not federal, law, and any changes may have unintended consequences for rural areas;*
- *Encourage the United States Department of Transportation and the Congressional delegation to propose equalization of Federal Transportation Equity Act (TEA-21) funds between public transportation and highway projects ([Recommendation 62](#)). This recommendation needs no further action, as it is consistent with several existing transportation principles and the reauthorization process is nearing completion;*
- *Allow nonprofits to apply for State transportation demonstration grant projects ([Recommendation 113](#));*
- *Encourage public transportation providers to include door-to-door service as needed ([Recommendation 114](#));*
- *Enforce transportation provider, facility and vehicle compliance with the ADA and Section 504; develop and implement standards and monetary sanctions in grants and contracts to ensure compliance ([Recommendation 115](#)); and*
- *Maximize public funding for transportation services by exploring Federal demonstration funding ([Recommendation 184](#)).*

Two recommendations involving the Accessible Pedestrian Signals (APS) Project are underway:

- *Develop and implement statewide standards for retrofitting existing accessible pedestrian traffic signals to ensure the presence of accessibility features ([Recommendation 118](#)).*

This recommendation is being implemented within existing funds. (*Installing new accessible pedestrian traffic signals* will be costed out in Phase 2); and

- *Complete the project and coordinate with all localities to implement guidelines; develop and implement standards for timing of on-demand crossing signals, taking into account the functional limitations of people with disabilities; and develop regulations requiring accessible routes of travel to accessible traffic signals for people with disabilities ([Recommendation 119](#)).*

The training component of one recommendation, *develop a vision and guidelines to implement and develop, and implement training about, Universal Design (UD) principles for pedestrian rights of way and provide technical assistance to planners about the functional limitations that people with disabilities experience ([Recommendation 52](#))*, can be implemented for approximately \$104,940 GF. Because of confusion surrounding the meaning and parameters of this recommendation, the Team and VDOT will continue to work with the Committee on its proper interpretation. See also Section IV below.

Funding would be required to implement the following two recommendations:

- *Inform people of options to adapt vehicles, funding, evaluation and training, and services providers. Increase the Consumer Service Fund (CSF) (and, in the short term, ATLFA funds) to let low-income individuals with disabilities buy adaptive equipment and driving aids ([Recommendation 40](#)) (\$4.4 million GF / \$5 million NGF); and*
- *Study the effects of the DMAS transportation brokerage system on people with disabilities ([Recommendation 51](#)) (\$15,000 GF / \$15,000 NGF in 2005).*

10. Workforce and Qualifications of Providers

The agencies costed out five Phase 1 recommendations in the Workforce and Qualifications of Providers section of the Task Force Report.¹⁶

The Team would like to acknowledge the valuable assistance of the VEC in costing out the recommendation to *provide Direct Support Professional (DSP) employers information to help them make DSPs aware of and apply for State and Federal programs and benefits for which they may be eligible* ([Recommendation 123](#)). This recommendation would be implemented on a comprehensive scale at a projected cost of \$87,095 GF.

Three recommendations would require substantial funding:

- *Provide consumer-directed attendants, companions and respite staff with benefits through a fiscal agent* ([Recommendation 125](#)) (\$44.561 million GF / \$44.561 million NGF);¹⁷
- *Increase all Medicaid rates to include the maximum allowable cost of service, automatic cost of living adjustments (COLAs), geographical rate differentials, travel and transportation, staff training and supervision, inflation, and ensuring caregiver pay rates are reflected* ([Recommendation 169](#)) (Appropriation Act language and \$110.729 million GF / \$110.729 million NGF); and
- *Increase the CDPAS rate to compare to rates paid to home health agencies (HHAs)* ([Recommendation 43](#)) (Appropriation Act language and \$8.406 million GF / \$8.406 million NGF).

11. Olmstead Planning and Implementation

Four of the seven recommendations in the Olmstead Planning and Implementation Section of the Task Force Report would give the Commonwealth the ability to collect data not currently available, assisting in measuring the effectiveness of Olmstead implementation:

- *Require nursing homes to develop and maintain a waiting list of residents appropriate for discharge who want discharge; update the information in the annual assessment; and submit the list annually to DMAS* ([Recommendation 64](#)). This would require legislation and regulatory changes, but no additional funding. Because of concerns raised by VDH in the cost out report, the Team will further discuss this recommendation at its July 27 meeting;
- *Require ALFs to develop and maintain a waiting list of residents appropriate for discharge who want discharge; update and submit the list annually to DSS* ([Recommendation 65](#)). DSS completed an alternative cost out that targets those ALFs that receive AG funds and residents who have CSB and other case managers. Implementation would require additional funding in the amount of \$475,000 (GF) and regulatory changes. Costs to DMHMRSAS have not yet been determined;

¹⁶ One of these, *provide a higher Medicaid reimbursement rate for prevocational and supported employment services than for non-employment related day support service* ([Recommendation 170](#)), is discussed in the Employment section above.

¹⁷ Because fiscal agents cannot provide benefits, the cost indicated is the cost of all attendants becoming state employees, which ironically would mean that the program would no longer be a consumer-directed program.

- *Develop a system to locate people at risk and who want to move or stay where they are; track how well they are empowered to live in, move to, or stay in their community of choice and use the information for additions and changes to statutes, regulations and policies to better identify them ([Recommendation 128](#)) (\$200,000 NGF for preliminary work; ongoing tracking to be costed out at a later time); and*
- *Direct and adequately fund the Statewide Independent Living Council (SILC) to conduct comprehensive planning for people with disabilities who are not captured by DMHMRSAS' Comprehensive Plan; include and widely disseminate the institutional census of people needing and wanting to transition; require that budget submissions be based on these data ([Recommendation 172](#)) (\$100,000 GF).*

One recommendation, *training teams of people with disabilities to administer feedback instruments to people who cannot respond independently ([Recommendation 187](#))*, would require legislation, regulatory changes, and \$1.011 million GF.

Possible regulatory changes and funding in the amount of \$70,000 would be needed to *evaluate current systems of informing people of their rights and improve and expand them to develop an overall system to track the quality of information given them and the consistency with which it is given; use the information to suggest changes to statutes, regulations and policies for future implementation of recommendations in the Task Force Report ([Recommendation 131](#))*.

In order to continue *analyzing implementation progress; suggesting implementation steps; and making annual reports on progress in implementing the recommendations in the Task Force Report ([Recommendation 127](#))*, legislation and \$507,000 GF would be required.

**SUMMARY MATRIX: RECOMMENDATIONS AND PHASE 1 COST OUT INFORMATION
BY OLMSTEAD TASK FORCE REPORT TOPIC**

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stake-holders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
1. CONSUMER CHOICE OF AND ACCESS TO SERVICES								
1. Amend and provide funding for all services, all Waivers, to include concepts and options in the Independence Plus template. Amend Waivers to allow consumer direction of all services; encourage its consideration in all future Waivers. (P 21; 68)	D	DMAS	DMAS	DMHMRSAS, VDH, DSS	All Waiver workgroups, Advocates, Consumers, VAHC, VACSB	A, L, R, B	Cannot be determined at this time	Authority of the state to implement this is undetermined. Workgroup established and recommendation moved to Phase 2.
2. Increase the availability of funded Medicaid Waiver slots, including cash and counseling and other options. (P 21)	D	DMAS	DMAS	DMHMRSAS	Advocates, VAHC, VNPP, VAPCP, Consumers, Families	A, L, B	Not determined	Cash and counseling moved to Phase 2. For other waiver slots, see recommendation 149, page 6.
3. Amend the Nurse Practices Act and regulations to permit consumer-directed personal assistants, respite workers and companion aides to provide certain nursing activities. (P 23)	D	Board of Nursing	VCU HIV/ AIDs Center	DHP, VDH, DMHMRSAS, DMAS, DRS, VBPD	CILS, Advocates, Consumers, Families, VAHC	A, L, R, B	Not determined (\$30,000 one-time NGF for study in 2004)	Costs would be determined following study
4. Amend Waiver policy to ensure recipients are assessed individually for service hours they need and, when they live with other recipients, services are not reduced by pooling hours. (P 24)	D	DMAS, DMHMRSAS	DMAS		VAPCP, VAHC, CILs, VACSB, VNPP	A	\$0	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
5. Amend IFDDS Waiver Regulations to allow recipients to choose with whom and with how many people they live. (P 24)	D	DMAS	DMAS	DMHMRSAS	DD Waiver Workgroup	R, B	\$351,920 GF \$351,920 NGF	10% increase
							\$703,840 GF \$703,840 NGF	20% increase
							\$1.56 million GF \$1.56 million NGF	30% increase
6. Fund and develop community services to eliminate State mental health facility discharge waiting lists. (P 26)	D	DMHMRSAS	DMHMRSAS	DMAS, DRS, DHCD	CSBs	B	\$7.318 million GF	
7. Amend statutes to require judges and magistrates to integrate professional recommendations into decisions about hospitalizing people with mental illness. (P 27) 180. Ensure effective implementation of legislation for magistrate and judicial training. (P 27)	S	DMHMRSAS, VDA, Va. Supreme Court, State agencies	DMHMRSAS		VACSB, Families, Va. Supreme Court	L, B	\$355,453 GF	
10. Expand the Regional Support Center Services concept at NVTC to the other four training centers. (P 29)	D	DMHMRSAS, DMAS	DMHMRSAS			L, B	\$4.9 million GF	
13. Require meetings with individuals, surrogate decision-makers, staff from discharging and receiving providers, and anyone else the person selects to precede transitions; enforce requirement. (P 34)	D	All licensing agencies	DMHMRSAS	DSS	CSBs, Families, Surrogate decision-makers, Providers	B	\$25,000 start-up FY 2006	\$135,000GF start up in FY 2005

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
53. Establish a workgroup to identify barriers to provider expansion into un- and under-served areas; propose solutions. (P 25)	S	HHR	DMHMRSAS			A	\$0	
68. Prepare a State Medicaid Plan Amendment and legislation to permit the use of an aggregate cost methodology in the CDPAS & Tech Waivers; eliminate service hour thresholds for personal assistance services and nursing. (P 22)	D	DMAS	DMAS		Waiver recipients, families, VAHC, VAPCP	A, R, B	Not determined	Moved to Phase 2.
69. Request expanded funding for crisis stabilization programs and 137. Fund expansion of crisis stabilization programs. (P 23)	D	DMAS, DMHMRSAS	DMHMRSAS	DMAS	VACSB	B	\$19.674 million GF	
70. Allow pooling of care provider hours in supportive housing developments. (P 24)	D	DMAS	DMAS		VAPCP, VAHC	A	\$0	Already implemented
73. Facilitate development and implementation of ways to promote recovery-oriented services for adults with serious mental illness, including effective consumer-operated and peer services. (P 26)	D	DMAS, DMHMRSAS	DMHMRSAS	DMAS	Consumers, Families, MHPC, CSBs	R, B	\$397,453 GF	
76. Update the Disability Commission on development of a model brain injury waiver. (P 28)	COMPLETED 9/29/03: DMAS gave presentation. No cost out necessary.							
132. Increase the nursing facility Medicaid payment rate to no less than 100% of allowable cost. (P 21)	S	DMAS	DMAS		VAHC, VHHA, VANHA	L, R, B	\$48.753 million GF \$48.753 million NGF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
133. Develop a direct, hands-on service delivery approach for behavioral specialists working with persons with dual diagnoses. In addition to behavioral consultation, include a service for behavioral specialists to train staff and family members in behavior self-management at home and in work settings. (P 21) 88. Encourage person-centered planning principles on discharge and intake teams. (P 46)	D	DMAS, DMHMRSAS	DMHMRSAS		CSBs, Consumers	B	\$923,000 GF	Would become a Medicaid service in FY 2008.
134. Amend Waivers to reimburse for room, board and night rate; expand to eight hours awake overnight reimbursement. (P 22)	D	DMAS	DMAS		VNPP, MR Waiver Advisory Committee	L, R, B	\$122.376 million GF \$122.376 million NGF	
135. Expand Medicaid State Plan Option (SPO) to include personal assistance services (PAS) with an option for consumer direction. (P 22)	D	DMAS	DMAS		VACSB, VAHC, Advocates, Clients, Families	L, R, B	\$148.106 million GF \$148.106 million NGF	
136. Grant emergency regulatory authority to implement recommendations 68, 134, 135 and 147. (P 22-23; 31)	D	DMAS	DMAS	DRS, DMHMRSAS, VDA, DSS, VHDA, DSS, DOE, Virginia Department of Veterans Services	Waiver recipients, families, VAHC, VAPC, VNPP, VHCA, Advocates, VANHA, VACSB	See Recommendations 68, 134, 135, and 147a.		

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
138. Amend the State Medicaid Plan to expand the service array reimbursable via SPO to include bundled PACT, expanded residential supports, PAS and consumer-directed services. (P 23)	D	DMAS, DMHMRSAS	DMAS		VACSB, CSBs	L, R, B	\$148.106 million GF \$148.106 million NGF	
142. Develop and implement a Brain Injury Waiver. (P 28)	D	DMAS	DMAS	DRS, DSS, DMHMRSAS	Medicaid BI Waiver Workgroup	A, L, R, B	\$5.138 million GF \$5.138 million NGF	
143. Expand the availability, use, and oversight of adult foster care; explore other living and care options that have reduced use of institutional care. (P 29)	D	DSS	DSS	DMAS, DMHMRSAS	National Adult Family Care Org.	B	\$2.45 million	
144. Fund expansion of the DSS companion program, emphasizing home help for persons with sensory disabilities and others not currently qualified for Waivers. (P 29-30)	D	DSS	DSS		LSSE-Adult Services Sub- committee	B	\$15.551 million GF	
146. Develop and implement a Dementia Waiver. (P 30)	D	DMAS	DMAS	VDA, DSS	VAPCP, Alzheimer's Association, VANHA, AARP, VHCA, Advocates, Consumers, Families, PACE providers, ADHC providers	A, L, R, B	\$3.711 million GF \$3.711 million NGF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
147.a. Amend the State Medicaid Plan to include transition training as part of personal care services. (P 31)	D	DMAS, All appropriate executive branch agencies	DMAS		VACSB, Advocates, Private Providers, VNPP, VaACCSES	L, R, B	N/A	Not within the state's authority to implement.
147.b. Establish a revolving fund for people in institutions to use for utility and rent deposits, and other upfront household expenses to enable them to move from institutions. (P 31)	D	DMAS, All appropriate executive branch agencies	DRS	VHDA	ATLFA, CILs	L, B	\$1.0 million GF \$1.0 million NGF	
148. Increase the personal maintenance allowance (PMA) to 300% of monthly SSI payment limit in Waivers. (P 31)	D	DMAS, DSS	DMAS	DSS		L, R, B	\$9.178 million GF \$9.178 million NGF	
149. Begin eliminating wait lists for Waivers and other supportive services; avoid future wait lists by anticipating regular increases in need for services. Fund 25% of the 2003 wait list in 2005; 45% of the 2004 wait list in 2006; 65% of the 2005 wait list in 2007; 80% of the 2006 wait list in 2008; and 100% of the wait list, except those waiting 90 days or less, in 2009. (P 33)	D	DMAS	DMAS	DMHMRSAS	VACSB, CILs, Consumers, Families, Advocates	A, L, R, B	\$57.252 million GF \$57.252 million NGF	
150. Increase Medicaid financial eligibility to 100% of Federal Poverty Level. (P 34)	D	Governor, DMAS	DMAS			L, R, B	\$132.222 million GF \$133.171 million NGF	Expansion to 100% of FPL, but not 125%, is within the state's authority to implement.

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
176. Amend licensing requirements to allow consumer direction in all Waiver services. (P 21)	D	HHR, DMAS, DOE, DSS, DMHMRSAS, DJJ	DMAS	DMHMRSAS, DHP, VDH, DSS (VBPD requests involvement)	Advocates, Consumers, Families, VNPP, VAHC, VAPCP	A, L, R	Cannot be determined at this time	Authority of the state to implement is undetermined at this time; cost out moved to Phase 2.
179. Integrate peer support services into the continuum of community services for adults with serious mental illness and billable peer services into the Medicaid Rehab Option. (P 26)	D	DMAS, DMHMRSAS	DMAS	DMHMRSAS, DSS	VACSB, CSBs, Advocates, Consumers, Families	A	\$0	Already implemented
2. CONSUMER AND FAMILY MEMBER INVOLVEMENT								
54. Appoint more people with disabilities to boards and planning groups within HHR and other Secretariats. Include more people with disabilities in all planning processes. (P 36)	S	Governor; Cabinet, All State agencies	Several agencies costed out these two recommendations. At its May 25 meeting, the Implementation Team expressed concerns about duplication, possible ambiguity in interpretations of the recommendations, and lack of uniform statewide implementation strategies. At its June 18 meeting, the Oversight Advisory Committee advised that the Director of Community Integration should be responsible for collaboratively coordinating with all agencies a single, cross-disability strategy for implementation of these recommendations and that, if agencies cannot agree, the Director should chose the implementation model. Because of these concerns, shared by both the Team and the Committee, the Team has eliminated the cost outs prepared by individual agencies and will consider an appropriate statewide strategy at its July 27 meeting. Cost outs will occur later this year.					
79. Encourage meeting conveners to send timely, well-publicized advance notices and put them on websites; provide accommodations and assist in transporting if needed. Consider the needs of people with disabilities when choosing meeting times and places; develop a pamphlet for meeting planners. (P 36)	D	All State agencies, VOPA						

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
3. CONSUMER RIGHTS, HEALTH AND SAFETY								
15. Enact legislation requiring providers to report critical incidents and deaths to VOPA and the Inspector General within 48 hours; analyze data for trends. (P 37)	S	VOPA	DMHMRSAS	VOPA		L, B	\$1.46 million GF	Costs provided by VOPA
17. Expand disability training of public safety and public health personnel; fully fund in the short term. (P 38)	D	Relevant agencies	VDH	DCJS		B	\$100,000 GF	
19. Fund an educational campaign for persons with psychiatric and other disabilities and providers re: advance directives and other options for surrogate decision-making. (P 41)	S	DMHMRSAS	DMHMRSAS		MHAV, MHPC	B	\$250,00 one-time GF; \$172,550 Ongoing GF	
80. Enforce regulations for agency backup and substitute services. (P 38)	D	DMAS, VOPA	DMAS	DMHMRSAS	VAHC, VOPA, VAPCP	A	Not determined	Implementation would not address the issue identified.
81. Mandate screening personnel to attend ongoing training and a quality assurance process to ensure consistent implementation of the training. (P 39)	S	DMAS, VDH, DSS	VDH	DMAS, DSS		A	\$0	
82. Produce and distribute a document about choices for all Waiver services. (P 39)	D	DMAS, VBPD	DMAS	VBPD, DMHMRSAS, VDH, DRS, VDA	RCSC Grant workgroup, Consumers, Families, Advocates	A	\$0	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
83. Develop and deliver Waiver rights and choices technical assistance and training for people with disabilities and providers. (P 40)	D	VBPD	VBPD	DMAS, DMHMRSAS, DSS, VCU Partnership for People With Disabilities, DRS, DOE	VOPA, CILs, CSBs, DSBs, Local DSS offices, LEA (Parent Res. Cntrs), Waiver Adv. Councils, Advocates, Consumers, Families	R, B	\$86,000 GF \$86,000 NGF	
155. Fully fund all DSS protective services. (P 37)	D	DSS	DSS		LSSE-Adult Services Sub-committee	B	CPS-\$110,000 one-time GF in FY 2005; \$114,000 ongoing GF APS-\$11.032 million GF	Additional CPS costs to be determined in Phase 2 following evaluation.
158. Develop a curriculum and training program for court-approved certification for people to serve as surrogate decision-makers. Enact legislation to authorize the certification process. (P 41)	D	Va. Supreme Court, VDA, DSS, DMHMRSAS	DMHMRSAS	DSS, VDA	Consumers, Families, MHPC, Va. S. Ct	A, L	Undetermined	Cost not known until planning group meets; moved to Phase 2
159. Revise Code § 37.1-84.1 to narrow the class of people prohibited from serving as surrogate decision-makers to those for whom serving would or might create a conflict of interest. (P 41)	D	DMHMRSAS	DMHMRSAS	(DSS requests involvement)	Consumers, Families, MHPC	L, R	\$0	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stake-holders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
160. Expand the Public Guardianship program to localities not currently served. (P 41)	D	VDA	VDA	Advisory board that includes DSS, DMHMRSAS (VBPD requests involvement)	VGA, CCA AAAs, ARC, circuit court judge, NAMI-VA, VLSSE, VACSB, VOPA	B	\$4.83 million GF	
4. EDUCATING CONSUMERS, FAMILY MEMBERS AND PROVIDERS								
21. Establish a web-based course on disability issues. (P 43)	D	VBPD, DRS, SCHEV	VBPD	SCHEV, VCU Partnership, RRTC, GMU, State Autism Planning Council, DMHMRSAS, DRS, DMAS, DSS, DOE	CILS, Arc, NAMI-VA, advocates, consumers, families	B	\$36,000 GF	
56. Require licensing agencies to post on their websites comprehensive information about providers, services, inspection results, and complaint histories. (P 43)	D	Governor; State licensing agencies	DMHMRSAS			B, L, R		\$26,000 one-time GF in 2005
			DSS				\$107,780 ongoing GF	
			VDH				\$250,000 ongoing GF	
5. EDUCATING THE PUBLIC Note: There were no Phase 1 recommendations within this section of the Task Force Report.								

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
6. EMPLOYMENT								
24. Add self-advocacy training to the curriculum and Individual Education Programs (IEPs) at age 14. (P 46)	S	DOE, DRS	DOE	DSS, OCS, DRS, VBPD, DMHMRSAS		A, B	Undetermined (\$8,00 start up in FY 2004)	Not within the state's authority to mandate; alternative was costed out.
26. Increase the Medicaid reimbursement rate for individualized supported employment to parallel the DRS rate, based on costs to provide supported employment services in different geographic regions in Virginia. Increase incentives and funding to encourage the development of employment services. (P 48) 170. Provide a higher Medicaid reimbursement rate for prevocational and supported employment services than for non-employment-related day support services. (P 72)	S	Governor, DMAS, DRS, VEC, DMHMRSAS	DMAS	DMHMRSAS, DRS	Advocates, ARC, VACSB, VNPP, Consumers, Families, Providers, VaACCSES	L, B	\$26.051 million GF \$26.051 million NGF	785 (10%) move from day support to supported employment
							\$39.166 million GF \$39.166 million NGF	1,190 (20%) move
							\$52.282 million GF \$52.282 million NGF	1,595 (30%) move
							\$65.397 million GF \$65.397 million NGF	2,000 (40%) move

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
27. Expand specialized vocational and other services for TANF recipients with disabilities. (P 48)	D	DSS, DRS, DMAS	DSS	DMHMRSAS, DRS, DOE (local affiliate)	CSBs, LSSE, LDSS, (direct service staff), ESOs, CILS (working with TANF clients), Consumers, VaACCSES	B	\$582,000 GF Start-up \$28.822 GF million ongoing	
28. Implement a workable Medicaid Buy-In Program. (P 49)	D	DMAS, DRS, DMHMRSAS	DMAS	DRS, VOPA	Advocates, Providers, Disability Comm'n, Waiver and State Plan recipients, MIG workgroup, VaACCSES	L, R, B	\$866,219 GF \$866,219 NGF	See also recommendation 91 below.
29. Add 14 DRS vocational rehabilitation (VR) alcohol and substance abuse specialty counselors to serve persons with the most significant disabilities. Adequately train VR evaluators and counselors; ensure choice in outcomes. (P 51)	D	DRS, DMHMRSAS	DRS	DMHMRSAS	Advocates, VOPA	L, B	\$4.833 million GF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
30. Expand vocational services and wrap-around supports for people in recovery from substance dependence. Explore purchase of service options for specialized employment services. (P 51)	D	DRS, DMHMRSAS	DRS	DMHMRSAS	Advocates	B	\$934,597 GF	
31.a. Expand job placement, development, and long-term, follow-along supports for people with HIV/AIDS and other disabilities. (P 51)	D	DMAS, DRS, DMHMRSAS	DRS	VDH	ESOs, consumer orgs	B	\$1.082 million GF	
31.b. Add individual supported employment services to the AIDs Waiver. (P 51)	D	DMAS, DRS, DMHMRSAS	DMAS		AIDS Waiver workgroup, VaACCSES	L, R, B	\$188,270 GF \$188,270 NGF	
33. Identify and solve financial and organizational barriers to evidence-based practices of supported employment for adults with serious mental illness by adding a sufficient number of mental health employment specialists and 3 DRS mental health specialty counselors (3 more in short term); and developing joint training in funding availability. (P 52)	D	DMAS, DRS, DMHMRSAS	DMHMRSAS	DRS	CSBs	B and Perhaps R	\$23.741 million GF	
35. Identify youth with serious emotional disturbance who do not have IEPs, and implement transition planning for them. (P 53)	D	DMHMRSAS, DOE, DRS, Others	DMHMRSAS	DOE, DRS	CSBs	B	\$7.664 million GF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
57. Convene a consumer task force to study best practices for employment services for people with disabilities, including funding following the person; develop a proposal to create a program. (P 45)	D	HHR, DRS, DSS, DMHMRSAS	DRS	VEC (DSS and VBPD request involvement)	Employment providers, ESOs, DSBs, CILs, providers, consumers VaACCSES	B	\$0	One-time \$26,265 GF in 2005
59. Appoint people with disabilities, a private non-profit business serving them, and a private for profit business employing them to the Workforce Investment Advisory Council. (P 54)	S	Governor	Governor's Workforce Advisor			N/A	N/A	Not within the state's authority to implement
60. Include people with disabilities, providers, businesses, and affected agencies in all deliberations and planning meetings regarding consolidating workforce training programs. (P 54)	S	Governor, DDHH, DRS, VEC, DBVI, DSS	DRS	DDHH, VEC, DBVI, DSS	CILs, ESOs, Advocates, Employment providers	B	\$0	\$5,000 one-time GF in FY 2005
86. Include employment specialist consultants in assessment and benefits planning and consultation, and services and supports planning and implementation at discharge and at intake to community programs. (P 46) 87. Include employment as issue in discharge planning protocols for people wishing to work in the community. (P 46)	D	DMHMRSAS, DMAS, DRS	DMHMRSAS	DRS, DMHMRSAS	CSBs, Consumers	B	\$4.338 million GF	
90. Develop joint training initiatives that clearly identify and articulate employment-related services and supports that can be paid for by each agency's funding stream to Medicaid-eligible and other people. (P 46-47)	S	DMAS, VEC, DRS, DBVI, DMHMRSAS, DSS, DDHH	DBVI			A, B	\$1,500 GF \$1,000 NGF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
91. Develop joint training for staff from all agencies providing Medicaid employment-related services and supports; expand the scope of Medicaid Infrastructure Grant (MIG) use of existing SPO and Waiver services to support employment of Medicaid-eligible individuals. (P 47)	D	DMAS, DRS, DMHMRSAS	DMAS	DRS, VOPA	Advocates, Providers, Disability Comm'n, Waiver and State Plan recipients, MIG workgroup, VaACCSES	L, R, B	See Recommendation 28 above	Budget-neutrality Waiver requirement prohibits expansion.
93. Identify financial disincentives to employment and increased earnings in the Auxiliary Grant (AG) Program for assisted living facility (ALF) residents; submit a report to HHR recommending dissolution of financial disincentives. (P 49)	S	DSS, DRS, DMAS	DSS	DRS, DMAS	ALF Advisory Committee	B	\$140,000 GF	
94. Provide ongoing WorkWORLD™ customization and maintenance. Develop a grant proposal for employment services organizations, transition counselors and specialists, and VEC One Stop staff in using WorkWORLD™ software. (P 50)	S	DMAS, DRS, DOE, VEC, DMHMRSAS, DSS	DRS	VEC	VEC One stops	B	Undetermined	\$1,680 one-time GF in FY 2005 to research/write grant proposal
95. Develop and implement cross-agency staff training on SSI and SSDI work incentives. (P 50)	S	All Agencies	Multiple agencies costed out this recommendation. At its May 25 meeting, the Team expressed concerns about duplication, possible ambiguity in interpretations of the recommendation, and lack of a uniform statewide implementation strategy. At its June 18 meeting, the Oversight Advisory Committee advised that the Director of Community Integration should be responsible for collaboratively coordinating with all agencies a single, cross-disability strategy for implementation of this recommendation and that, if agencies cannot agree, the Director should chose the implementation model. Because of these concerns, shared by both the Team and the Committee, the Team reconsidered this recommendation June 22 and adopted the implementation models and cost outs prepared by VBPD and DSS as shown below.					

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
			VBPD	DRS	SSA, CILs, consumers, families, advocates, employers	R, B	\$72,000 start up and one-time GF	Cross-agency model
			DSS	DRS, VBPD	VaACCSES	B	\$105,000 GF	Local Social Services staff model
97. Encourage all employment and employment-related services providers to incorporate natural supports into individualized employment services plans. (P 52)	D	DMAS, DRS, VEC, DSS, DMHMRSAS	DRS	VCU-RRTC	VR vendors, ESOs, other employment providers, VaACCSES	B	\$50,000 GF	
98. Establish cooperative agreements with schools and agencies to facilitate Job Coaching. (P 53)	S	DRS	DRS		Local school districts, Employment orgs	A	\$0	Moved to Phase 2 on advice of Committee
164. Develop a funding mechanism to continue Benefits Planning Assistance and Outreach (BPAO) activities beyond 2006. (P 50)	D	Governor, DMAS, DRS, DOE, DSS	DRS	DMAS, DOE, DSS	CILs, Local Providers	B	\$1.2 million GF \$1.2 million NGF	
182. Develop minimal competencies to ensure that providers have the expertise to provide BPAO services and/or know where and how to refer clients to qualified BPAO projects. (P 50)	S	DMAS, DRS, DSS, DBVI, DOE, VEC	DRS	(DSS requests involvement)	CILs, Employment providers, ESOs, SSA	B	\$0	One time \$25,000 GF in FY 2005
7. HOUSING								
36. Connect people seeking access to housing with available housing and home modification resources. Assure provider lists are current and have information	D	VBPD, DMAS	VHDA	DHCD, VBPD		A	\$0	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
necessary to ascertain choices. (P 57-58)								
44. Develop a legislative proposal establishing a Housing Assistance Fund to provide additional funding for housing subsidies and income supplements. (P 54)	S		VHDA	DHCD, VBPD		L	Undetermined	Costs would be determined as legislation is developed
46. Develop a plan to train architects, engineers, building officials, public officials who review site plans, elected officials, providers, funders, licensers, and community organizations in Universal Design. (P 55)	S		VFHO			B	\$20,000 GF	Implementation ongoing. New funds would provide supplementary materials.
48. Develop a legislative proposal requiring landlords to treat as income the value of Housing Choice Vouchers and other public benefits for people with disabilities. (P 58)	D		VHDA	DHCD	Disability Commission Housing Work Group	L	Undetermined	Costs would be determined as legislation is developed
49. Develop a legislative proposal requiring owners and managers of fully accessible housing to post advance notice of unit availability before making units available on the open market. (P 58)	D		VHDA	DHCD, VBPD		A	\$0	
50. Obtain and analyze HUD data on location and occupancy of assisted units meeting Section 504 accessibility standards; report findings and recommend corrective actions to the Disability Commission, to include mandating accessible unit allocations to people needing accommodations and reviewing marketing of accessible Section 8 units to determine the need for additional regulations for greater Section 504	S	VHDA	VHDA	DHCD	Disability Commission Housing Work Group	A	\$0	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dg	New Funding Required 2006 & 2007	Notes
effectiveness; work with HUD and the Congressional delegation to support needed changes. (P 60)								
101. Dialogue with local governments and public housing agencies on how to prioritize housing needs of people with disabilities in allocating locally-administered housing subsidies and resources. (P 55)	S	VHDA, DHCD	DHCD	VHDA		A	\$0	
102. Convene group to examine how, within building and fire codes, to assure building codes and housing categories do not impede family-like community living by inordinate restrictions and categories. (P 55)	S	DMHMRSAS, DHCD	DHCD	DSS, DMHMRSAS		A	\$0	
103. Train CHDOs, other housing organizations, providers, CSBs, CILs, DSBs and AAAs on best practices in building and sustaining local affordable and accessible housing partnerships. Determine regionally the local capacity to deliver affordable and accessible housing. (P 56)	S	VHDA, VDA, DHCD, DRS, DMHMRSAS	DHCD	VHDA, DMHMRSAS		A	\$0	
104. Ensure local building code officials are adequately trained to and do ensure full compliance with Uniform Statewide Building Code (USBC) accessibility requirements. (P 56)	D	BHCD, DHCD	DHCD			A	\$0	
107. Meet with CSBs, CILs, DSBs, and AAAs to understand differences in local and regional housing needs and strategies and determine local and regional prioritization of gaps that State resources	S	VHDA, DRS, DHCD, VDA, DMHMRSAS	DMHMRSAS	VDH	CILS, CSBS, DSBs, AAAs	A, B	\$307,500 GF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
should address. (P 57)								
108. Develop training, educational and informational materials for local governments, civic associations and similar organizations re: the Fair Housing Act, Virginia Code, and ADA requirements. (P 58)	S	Fair Housing Board	VFHO			A	\$0	Already implemented
173. Review HUD occupancy of HUD-subsidized rental housing data to determine extent to which Public Housing Authorities serve people with disabilities, considering displacement resulting from conversion of properties to elderly-only occupancy; recommend remedies for problems identified. (P 55)	S		VHDA	DHCD	Disability Commission	A	\$0	
174. Create a revolving fund similar to ATLFA fund for physical accommodations required by voucher holders with disabilities; continue pursuing private foundation support. (P 60)	D	VHDA	VHDA	DHCD	Disability Commission	L, B	\$0	\$3 million one-time GF in FY 2005
183. Educate local governments, the General Assembly and the public about the negative impact of many local land use regulations and practices on creating affordable, accessible housing. (P 58)	S	DHCD, VHDA	VHDA	DHCD	Housing Virginia Coalition	L, B	\$0	\$5 million one-time GF in FY 2005
8. RESEARCH AND NEW KNOWLEDGE								
165. Fully fund six (6) Alzheimer's and Related Diseases Research Award Fund seed grants. (P 61)	D	VCU	VDA		Alzheimer's and Related Disease Award Fund Panel	B	\$72,500 GF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
9. TRANSPORTATION								
40. Inform people of options to adapt vehicles, funding, evaluation & training, and services providers. Increase the Consumer Service Fund (and in the short term, ATLFA funds) to let low-income individuals with disabilities buy adaptive equipment and driving aids. (P 66-67)	D	DRS, VATS, ATLFA	DRS		ATLFA, VATS, CILs	B	\$4.4 million GF \$5 million NGF	
51. Study the effects of the DMAS transportation brokerage system on people with disabilities. (P 63-64)	D		DMAS	DRPT, DMHMRSAS, VDA, DRS, VDH	VACSB, V4A, CILS, CTAV, Consumers, Families, Va. Poverty Law Center	B	\$0	\$15,000 GF and \$15,000 NGF in 2005
52. Develop a vision and guidelines to implement and develop, and implement training about, Universal Design principles for pedestrian rights of way. Provide TA to planners about functional limitations that people with disabilities experience. (P 65)	S	VDA, State disability service agencies	VDOT	Implementa- tion Team	Oversight Advisory Committee	B	\$104,940 GF	Covers training only; research continues.
61. Advocate change in Federal regulations to, within State allocations, fairly assess per capita allotment in distributing transportation funds, so that the same amount is allotted for rural as urban populations; inform the Disability Commission of the importance of this issue. (P 62)	S	Governor, VDOT, Transportation Board, DRPT	VDOT	DRPT			N/A	This recommendation may not address the identified issue and may have unintended consequences.
62. Encourage USDOT and the	S	Governor,	DRPT				N/A	No further action

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
Congressional delegation to propose equalization of Federal Transportation Equity Act (T21) funds between public transportation and highway projects. (P 62-63)		DRPT						needed; recommendation is consistent with reauthorization principles and reauthorization process is nearing completion
113. Allow nonprofits to apply for State transportation demonstration grant projects. (P 63)	S	DRPT	DRPT			A	\$0	Already implemented
114. Encourage public transportation providers to include door-to-door service as needed. (P 63)	D	DRPT	DRPT			A	\$0	Already implemented
115. Enforce transportation provider, facility, and vehicle compliance with the ADA and Section 504. Develop and implement standards and monetary sanctions in grants and contracts to ensure compliance. (P 63-64; 66)	D	DRPT, DMAS	DRPT	DMAS		A	\$0	Already implemented
118. Develop and implement Statewide accessible standards for installing new, and retrofitting existing, pedestrian traffic signals to ensure the presence of accessibility features. (P 65)	D	Appropriate State agencies	VDOT	DBVI		A	\$0	Originally assigned to Phase 2, however VDOT completed the cost out early as it applies to retrofitting.

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
119. Complete the Accessible Pedestrian Signals Project and coordinate with all localities to implement guidelines. Develop and implement standards for timing of on-demand crossing signals, taking into account functional limitations of people with disabilities. Develop regulations requiring accessible routes of travel to accessible traffic signals for people with disabilities. (P 65)	D	VDOT	VDOT	DBVI		B	Not shown	
184. Maximize public funding for transportation services by exploring Federal demonstration funding. (P 66)	S	DRPT	DRPT	DRS		A	\$0	Already implemented.
10. WORKFORCE AND QUALIFICATIONS OF PROVIDERS								
43. Increase the CDPAS rate to compare to rates paid to home health agencies. (P 72)	S	DMAS	DMAS	DMHMRSAS, VDH, DSS		B	\$8.406 million GF \$8.406 million NGF	
123. Provide Direct Support Professional (DSP) employers information to help them make DSPs aware of and apply for State and Federal programs and benefits for which they may be eligible. (P 69)	S	VEC, Taxation, DMHMRSAS, Other State agencies	DMHMRSAS	VEC		B	\$87,095 GF	The VEC had a major role in costing out this recommendation
125. Provide consumer-directed attendants, companions and respite staff with benefits through a fiscal agent. (P 70)	S	State Corporation Commission	DMAS	State Corporation Commission, Bureau of Insurance, DSS, DRS	CD-Employers, Recipients, Families, Advocates, Fiscal Agents	B	\$44.561 million GF \$44.561 million NGF	
169. Increase all Medicaid rates to include the maximum allowable cost of	S	DMAS	DMAS	DMHMRSAS, DRS	MR Waiver Advisory	L, B	\$110.729 million GF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
service; automatic COLAs; geographical rate differentials; travel and transportation; staff training and supervision; and inflation. Ensure that caregiver pay rates are reflected. (P 72)					Committee, VAHC, VACSB		\$110.729 million NGF	
11. OLMSTEAD PLANNING AND IMPLEMENTATION								
63. Require responsible entities in the Report to work together to take all steps needed to implement all recommendations, identifying institutionalized and at-risk individuals, informing them of their rights, and arranging for transition of those who want transition; costing out all recommendations; developing legislative proposals and regulations; & making all no-cost changes recommended. (P 72-73)	COMPLETED 1/6/04: Executive Order (EO) 61 (2004) establishes a 4-Secretariat and minimum 18-state agency Community Integration Implementation Team to work together to cost out all recommendations, develop legislative proposals/regulations, and make no-cost changes recommended. This Team was convened January 27, 2004. Other recommendations in the Task Force Report address identifying institutionalized and at-risk individuals, informing them of their rights and arranging for transition of those who want transition.							
64. Require nursing homes to develop and maintain a wait list of residents appropriate for discharge who want discharge; update this information in the annual assessment; and submit the list annually to DMAS. (P 73)	D	Governor, HHR, DMAS	VDH	DMAS, DSS		L, R	\$0	
65. Require ALFs to develop and maintain a wait list of residents appropriate for discharge who want discharge; update and submit the list annually to DSS. (P 73)	D	Governor, HHR, DSS	DSS	DMHMRSAS	ALF Advisory Committee, Va. ALF Ass'n, VANHA, VHCA	R, B	\$475,000 GF	1--Alternate strategy has been costed out 2--DMHMRSAS costs to be determined in Phase 2
66. Designate one person to implement all recommendations. (P 74)	COMPLETED 1/6/04: EO 61 establishes a Director of Community Integration for People With Disabilities..							

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
126. Convene stakeholders to prioritize recommendations in the Report. (P 74)	COMPLETED 1/6/04: EO 61 establishes and specifies the responsibilities of the oversight advisory committee, comprised of individuals with disabilities, family members, advocates and providers. This Committee was convened on February 13, 2004. The Committee has not decided whether it will prioritize recommendations.							
127. Analyze implementation progress; suggest implementation steps; make annual reports on progress implementing recommendations. (P 74)	S	Governor's Olmstead Designee	DCI	Implementa- tion Team	Oversight Advisory Committee	A, L, B	\$507,000 GF	
128. Develop a system to locate people at risk and who want to move or stay where they are; track how well they are empowered to live in, move to, or stay in their community of choice. Use this information for additions and changes to statutes, regulations, and policies to better identify them. (P 74)	S	Outside system, Governor's Olmstead Designee	DCI	DMHMRSAS, DSS, DRS, VDH, DMAS, OCS, DBVI, DOE, VDA, VDDHH, VBPD, VCU HIV/AIDs Center	Arc, DSBs, MHAV, VHCA, PAIR, NAMI-VA., CSBs, CILs, LSSE, VNPP, VAHA, BIA, VVC, PACCT, Alzheimers Ass'n., TAP-VA, VANHA	L, B	\$200,000 NGF	

RECOMMENDATION	D/S	Report References	Lead Agency Assigned	Assisting Agencies	Other Stakeholders	(A) dm (L)eg. (R)eg. (B)dgt	New Funding Required 2006 & 2007	Notes
131. Evaluate current systems of informing people of their rights and improve and expand them to develop an overall system to track the quality of information given them and the consistency with which it is given. Use this information to suggest changes to statutes, regulations, and policies for future implementation of recommendations in the Task Force Report. (P 77)	S	DMHMRSAS, DMAS, Other State agencies, Outside system, Governor's Olmstead Designee	DCI	DMHMRSAS, DSS, DRS, VDH, DMAS, OCS, DBVI, DOE, VDA, VDDHH, VCU HIV/ AIDs Center	PAIR, Arc, MHAV, NAMI-VA., VHCA, CSBs, CILs, LSSE, DSBs, VNPP, VOPA, VAHA, BIA, VVC, PACCT, Alzheimer's Ass'n., TAP-VA, VANHA	R, B	\$70,000 GF	
172. Direct and adequately fund the SILC to conduct comprehensive planning for people with disabilities not captured by DMHMRSAS' Plan; include and widely disseminate the institution census of people needing and wanting to transition. Require that budget submissions be based on these data. (P 79)	S	SILC	DRS	DMHMRSAS	SILC, CILs, Advocates	B	\$100,000 GF	
187. Train teams of people with disabilities to administer feedback instruments to people who cannot respond independently. (P 79)	D	VOPA, DMHMRSAS	DMHMRSAS	DRS, VBPD, VDA	CILs, CSBs, Advocates, VOPA	L, R, B	\$1.011 million GF	